

## NEWBORN SCREENING FOR CYSTIC FIBROSIS FINDINGS FROM THE TECHNICAL REVIEW COMMITTEE

APRIL 2005

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### **Synopsis**

A technical review committee of seven experts in public health and cystic fibrosis (CF) was convened on April 9, 2005 at the Department of Health's facility in Shoreline, Washington. The focus of the committee was to review current scientific and medical evidence regarding newborn screening for cystic fibrosis against the Board of Health's five criteria for adding disorders to the state's mandatory screening program. The committee was asked if the evidence was sufficiently compelling to justify convening a full, broadly representative, Newborn Screening Advisory Committee to review all of the issues and make a formal recommendation to the Board as to whether cystic fibrosis should be added to the state's mandatory requirements. At the end of a full day's deliberations the committee was unanimous in concluding that the research evidence is in sync with the criteria and that a full advisory committee should be convened by July 2005 to further review the issues and make recommendations to the Board.

### **Committee members**

#### Public Health

Tom Locke, MD, MPH, Chair, State Board of Health  
Tara Wolff, MPH, Staff, State Board of Health  
Maxine Hayes, MD, MPH, State Health Officer  
Michael Glass, MS, Director, Newborn Screening, Department of Health

#### Cystic Fibrosis

Margaret Rosenfeld, MD, MPH, Pulmonologist, Children's Hospital and Regional Medical Center, Seattle  
Larry Larson, DO, Pulmonologist, Mary Bridge Children's Hospital, Tacoma  
Susan Casey, RD, CD, Clinical Dietician, Children's Hospital and Regional Medical Center, Seattle

### **Key findings**

**Prevention Potential and Medical Rationale** Earlier diagnosis through newborn screening improves nutritional status and cognitive development, and reduces length of hospital stays and 'diagnostic odysseys'.

**Treatment Available** Expert treatment is essential to achieve the benefits of early diagnosis. This treatment is available at three CF specialty care centers in: Seattle, Tacoma, and Spokane.

**Public Health Rationale** Without newborn screening diagnosis is typically delayed beyond a year of age, after the onset of preventable nutritional and developmental deficits. There are no reliable risk factors so population screening is required for early diagnosis.

**Available Technology** Screening tests with suitable sensitivity and specificity are available for mass screening. The same technology is used by the department in screening for some disorders in the current mandatory screening panel.

**Cost-Benefit / Cost-Effectiveness** Will be completed prior to full advisory committee meeting in July.